Name In Full Ruth Abrams.

Certificate of Death

Died at Town Bay View County Cecil MARYLAND

Date 19 Month 2 Day 14 | Age Y. 22 M. D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name William Abrams Mother's Maiden Name

Cause of Death { Primary Grip. 9 | How long sick

Immediate Brain fever | Accident, Suicide, Homicide

Reported by Cecil Co. Hosp.

Address

Feb. 17, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name In Full

Certificate of Death

Sarah A. Baker

Died at 5th dist. Town | Cecil County | MARYLAND

Date 19 00 | Month 20 | Day 13 | Age Y. 80 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name | Mother's Maiden Name

Cause of Death: Primary | How long sick

Immediate | Accident, Suicide, Homicide

161

Reported by Cecil Thig

Address

4-14-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

0/70/12/17

Name In Full

Certificate of Death

George Washington Blake

Died at (1) Town Elkton County Cecil MARYLAND

Date 1900 Month Feb Day 5 | Age Y. 21 M. D. | Native of Elkton | Occupation ~~Occupation~~

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of ~~Wife~~

Father's Name Thomas Blake | Mother's Name Emily Blake

Cause of Death: Primary Unknown - 161 | How long sick

Immediate Unknown | Accident, Suicide, Homicide

Reported by W. B. Hart - Undertaker

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. H. D. Hinchcliff

of Elkton Md

Dr. Hinchcliffe was not in attendance

H. Bratton, Secy

~~Seen by Coroner~~

~~of~~

Information contained in this certificate

received from Thomas Blake

of

Name in Full

Certificate of Death

Harold Dewey Brown

Died at Town Blue Ball County Lucie MARYLAND

Date 1900 Month Feb Day 28 Age Y. — M. 4 D. Native of Lucie Co Occupation Infant

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Randal Brown

Mother's Name Susan Brown

Cause of Death Primary Bronchitis 69

Immediate

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by D L Gifford

Address Bronchitis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Esther Elizabeth Caulson

Certificate of Death

Died at Town Port Deposit. County Cecil MARYLAND

Date ~~1899~~ 1900 Month Feby Day 9 Age Y. 77 M. 4 D. 17 Native of Cecil Co Md Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 1

Husband of Wife Jesse R. Caulson

Father's Name John Stewett

Mother's Name Mary Williams

Cause of Death Primary Pneumonia 72 How long sick 2 days

Immediate Heart-failure ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by S. G. Fisher Md

Address Port Deposit Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full

Certificate of Death

Mrs. Sophia S. Clark

Died at Town 1st district County Cecil MARYLAND

Date 1900 Month 2 Day 12 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Whig

Address 2-17 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79688

Name in Full

Certificate of Death

Adam Dayett

Died at Town near Elkton County Cecil MARYLAND

Date 19 2 Month 2 Day 21 | Age Y. 91 M. D. | Native of | Occupation Miller

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Eliza Henderson

Father's Name

Mother's Maiden Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Whig

Address

2-24-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name In Full Edward Geesey

Certificate of Death

Died at Town Woodsboro County Cecil MARYLAND

Date 19 00 Month 2 Day 3 X | Age Y. 6 M. 3 D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband of Wife

Father's Name

Mother's Maiden Name 25 g

Cause of Death { Primary / Immediate Cancer of the Face

How long sick

Accident, Suicide, Homicide

Reported by Carroll Record

Address

3-3-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73838

Name in Full Certificate of Death

Brumfield Hohn.

Died at Town Port Deposit County Cecil MARYLAND

Date 1900 Month Feb Day 7 Age Y. 0 M. 4 D. 26 Native of Md Occupation None

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of None

Father's Name Albert Hohn Mother's Name Cora Brumfield

Cause of Death Primary Coryza How long sick 3 days

Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by H E Clemson

Address Port Deposit Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Elba M. Johnson

Certificate of Death

Died at Town Farmington County Cecil MARYLAND

Date ~~1899~~ 1900 Month 2 Day 24 Age ~~Y.~~ ~~M.~~ D. 8 Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number~~ of ~~children~~ living

Hus~~band~~ ~~of~~

Wif~~e~~

Father's Name J Morrow Johnson.

Mother's Name Selma C

Cause of Death Primary Marasmus

Immediate

82

How long sick 8 days.

~~Accident, Suicide, Homicide~~

Reported by J. B. Slicer Mrs.

Address Farmington Cecil County, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Joseph Franklin Kennard

Town: near Rock Springs

County: Cecil

MARYLAND

Died ~~at~~ 1900 Month Feb. Day 16

Age Y. 18 M. 2 D. 29

Native of U. S.

Occupation Laborer

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children ~~living~~ 2 2 a

Husband of Wife

Father's Name Jos. Mitchell Kennard (deceased)

Mother's Name Lydia Kennard, now Brown

Cause of Death: Primary — Pulmonary Tuberculosis — How long sick 2½ years

Immediate — Pulmonary Tuberculosis — ~~Accident, Suicide, Homicide~~

Reported by Dr. Geo. K. Gillespie

Address Pleasant Grove, Pa

Mother married to Howard Brown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Certificate of Death

Mrs. Annie Keys,

Died at Town Perryville County Cecil MARYLAND

Date 19	Month	Day	Age Y.	M.	D.	Native of	Occupation
	2	17	71				

~~Male~~ / Female — White / ~~Colored~~ — ~~Single~~ / Married / Widow / Widower — ~~Divorced~~ — Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Democrat

Address

2-24-1940

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full — Certificate of Death

Katharine Kilpatrick

Died at — Town: Mechanicsville — County: [illegible] — MARYLAND

Date Nov — Month: Dec — Day: 8 — Age: Y. 78 M. D. — Native of: Scotland — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — Divorced — Number of children living: 2

~~Husband~~ / Wife of Archie Kilpatrick

Father's Name: Don't Know — Mother's Name: Don't Know

Cause of Death — Primary: Coronary Thrombosis of heart — How long sick: 2 yrs

Immediate: Pneumonia 5-7 — Accident, Suicide, Homicide

Reported by: [illegible]

Address: [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ernest Minner

Died at Town 4th Dist County Cecil Co MARYLAND

Date 1911 Month Feby Day 21 Age Y. 7 M. - D. - Native of Cecil Co Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Nimrod Minner

Mother's Name Peterson

Cause of Death Primary Cerebro Spinal Meningitis ~~How long sick~~ Two months

Immediate

Accident, Suicide, Homicide

Reported by H. M. Colbert

Address Newark Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65983

Name in Full

Certificate of Death

James Moore,

Died at Town Singerly County Cecil MARYLAND

Date 1900 Month 2 Day 3 | Age Y. — M. 11 D. — | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name William Moore Mother's Maiden Name

Cause of Death: Primary 8 b | How long sick

Immediate Membraneous croup | Accident, Suicide, Homicide

Reported by Cecil Democrat

Address Feb. 3, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Mary Murry

Certificate of Death

Died at Town Fair Hill County Cecil MARYLAND

Date ~~189~~ 1900 Month Feb. Day 12 Age Y. 73 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ of Wife John Murry

Father's Name Mother's Name 72

Cause of Death Primary Pneumonia of both How long sick

Immediate Lungs Accident, Suicide, Homicide

Reported by D. Frederick B. West

Address Kemblesville, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Bertha Ross

Died at Town: Fredericktown County: Cecil MARYLAND

Date 1900 Month: Feb. Day: 10 | Age Y. 01 M. D. | Native of Maryland | Occupation

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ | ~~Single~~ | ~~Widow~~ | ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name James Ross

Mother's Name ——— Evans

Cause of Death: Primary diptheria 8 d — How long sick

Immediate Suffocation — ~~Accident, Suicide~~, ~~Homicide~~

Reported by Edward A. Levett, M. D.

Address Galena Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU. 79898

Name in Full John Simpson

Certificate of Death

Died ~~at~~ near Town Elkton County Cecil MARYLAND

Date ~~189~~ 1900 Month Feby Day 17 Age Y. about M. 72 D. Native of ✓ Occupation None

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Widower~~ ~~Divorced~~

Number of children living 8

Husband of Wife Lena Simpson

Father's Name John Simpson

Mother's Name Ann Walker Simpson

Cause of Death Primary 152a How long sick ✓

Immediate accident Accident, ~~Suicide, Homicide~~

Reported by Wm P. Dean Coroner

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full — Certificate of Death

David L. Sloan

Died at — Town: Elkton — County: Cecil — MARYLAND

Date 1900 — Month: Feb — Day: 13 — Age: Y. 65 M. 6 D. 9 — Native of: Philad^a — Occupation: Marble Cutter

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: 3

Husband of Wife: Joanna Michael 9

Father's Name: don't Know — Mother's Name: don't Know

Cause of Death — Primary: Grip. Pneumonia — How long sick: from Jan 15th 1900

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by: Jno W. Cooper, Jno W. D.

Address: Elkton Md

Must be signed by physician, if any in attendance, otherwi[illegible] [illegible]roner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full — Certificate of Death

Caroline Thomas

Died at — Town: Chesapeake City — County: Cecil — MARYLAND

Date ~~189~~ 1901 — Month: 2 — Day: 5 — Age: Y. 75 M. D. — Native of: Maryland — Occupation: Servant

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living: 2

Husband / Wife of: don't Know

Father's Name: don't Know — Mother's Name: don't Know

Cause of Death — Primary: Apoplexy 42 — Immediate:

How long sick: One day

Accident, Suicide, Homicide

Reported by: Wm Kartner

Address: Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name In Full

Certificate of Death

Austin Randolph Steadon

Died at Town: Church Hill County: Cecil MARYLAND

Date 19 27 Month: 2 Day: 10 | Age Y.: 69 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 3

Husband of Wife: Martha J. Roberts

Father's Name: Henry Steadon | Mother's Maiden Name: Sarah Rebecca Legg

Cause of Death: Primary / 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Centreville Observer 2-10-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70999